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480-715-4825

MAR U 2 2006.

PT0/58/22 (12-04)
Approved for vise through 07/31/2006, Oxid 0651-0031
d Trademark, Office; U.S. DEPARTMENT OF COMMERCEinformation unless it displays a valid OMB confird number.

	CED 4 474(a)	Docket Number (Optional)	,
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		(2)-110-2	
FY 2005		171140	
(Fees parassent to the Consolidated Appropriations Act. 2005 (YLFL 4918))		Filed 1.2 - Ll - 7	2003
Application Number 10/728.55	>	Filed \ 7 - 4- 2	
FOR METHOD, APPARATUS AND SYSTEM FOR			
Art Unit 2686		<u></u>	JOY KIMBERLY
This is a request under the provisions of 37 CFR 1:136(a) to extend the period for filing a reply in the above identified			
The requested extansion and fee are as follows (check time period desired and enter the appropriate fee below):			
1/0-1/	<u>Fee</u>	Small Entity Fee	
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
Two months (37 CFR 1.17(a)(2))	\$450	\$225	s 450.∞
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	s
Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
The Director has already been suthorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0221 I have enclosed a duplicate copy of this sheet.			
are naturally to be formation on this form may become public. Credit card information should not be included on this form.			
Provide credit card Information and authorization on FTO-2838.			
I am the applicant/inventor.			
assigned of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/98).			
attorney or agent of record. Registration Number 41, 410			
attorney or agent under 37 CFR 1.34. Registration, number if acting under 37 CFR 1.34			
Duning Lee March 2, 2006			
Dala			
SHARMINI W. GREE	E.W	(714) 66	9-126
Typed or printed rusmo		Yelephol	ns Number
NOTE: Signatures of all the invertors or senigroses of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
Corms are submitted.			
This collection of information is required by 27 CFR 1,136(e). This information is required to obtain or retain a benefit by the public which is to Be (and by the This collection of information is estimated to take 6 information to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1,11 and 1,14. This collection is estimated to take 6 information to USPTO The This collection is estimated to take 6 information to the collection of			
USPTO to process) an application. Confidentially is governor by 30 U.S.C. 122 and 31 U.F.T. Term will vary depending upon the individual case. Any complete, including pathening, preparing, and submitting the companies application form to the USPTO. Term will vary depending upon the individual case. Any comments on the amount of lamb you require to complete this form wistor suppossions for producing this burden, should be sent to the Chief Information Officer, and the amount of lamb you require to complete this form wistor suppossions for reducing this burden, should be sent to the Chief Information Officer.			
comments on the amount of time you require to complete this form water suggestions for requirem as current with the complete this form water suggestions for requirements of Complete this form water suggestions for the complete this form water sug			

U.S. PMAM and I moderning Utilize, U.S. Department of Patients, P.O. Box 1466, Alexandria, VA 22313-1450. FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1466, Alexandria, VA 22313-1450. If you need assistance in complaint the form, cut 1-800-PTQ-8199 and select option 2.

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